



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
Department of Food and Agriculture
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax 617-626-1850 www.Mass.gov/DFA



MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM
APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

BREEDER: _____ ADDRESS _____
(name) (Street, PO Box number)

(City, Town) (State) (Zip) (Telephone)
FOAL'S SEX: _____ COLOR _____ Date of Foaling _____
(Month, Day, Year)

FOAL'S NAME (An approved by Jockey Club): _____ JC Reg# _____
SIRE: _____ DAM: _____

LOCATION OF FOALING: TO BE COMPLETED AND SIGNED BY FOALING FARM OWNER
FOALING FARM: _____
(Farm Name) (Farm Owner's Name)

(Address) (City or Town) (Zip)

I hereby certify, under the pains and penalties of perjury, that the mare
_____ foaled a _____ on _____
(Dam's Name) (sex) (Month, Day, Year)

At the above location.

X _____
Signature of Foaling Farm Owner or Mgr. Date signed Farm Telephone

REGISTRATION ELIGIBILITY AND APPLICANT'S CERTIFICATE

Did the dam reside in Massachusetts continuously from October 15, of the year prior to foaling,
until foaling? Yes ___ No ___. If "Yes", complete Section A. If "No", complete Section B.

SECTION A

TO BE COMPLETED BY BREEDER -- List all locations where dam was stabled from October 15, of
the year prior to foaling, until foaling.

Dates Name of Farm and Address

Dates Name of Farm and Address

Dates Name of Farm and Address

PLEASE COMPLETE REVERSE SIDE OF FORM (Over)

APPLICATION FOR REGISTRATION OF MASSACHUSETTS-BRED FOAL (Page2) Fee- \$50.00
SECTION B

TO BE COMPLETED BY MASSACHUSETTS STALLION OWNER OR MANAGER IF DAM NAMED
HEREIN WAS BRED BACK TO A REGISTERED MASSACHUSETTS STALLION IN THE
SAME BREEDING SEASON SHE FOALD IN MASSACHUSETTS.

NAME OF STALLION: _____ DATES OF COVER _____
(1st, last month, year)

LOCATION OF COVER: _____
(Name of Farm) Farm Owner's Name

I hereby certify, under the pains and penalties of perjury, that the above named stallion covered the mare
named _____ on above dates at the above farm.

X _____
(Signature of Stallion Owner or Farm Manager) (Date Signed) (Farm Telephone)

APPLICANT'S CERTIFICATE

I hereby certify, under the pains and penalties of perjury, that the information contained herein is
accurate to the best of my belief and knowledge.

X _____
(Applicant's signature) (SS or Fed. ID No) (Date Signed)

Applicant is _____ Breeder _____ Owner _____ Lessee of the foal registered. If applicant is Owner
or
Lessee, provide name and address below.

This application must be accompanied with a foal registration fee of fifty dollars (\$50.00) in Money
Order or Certified Check, payable to COMMONWEALTH OF MASSACHUSETTS.

Pursuant to M. G. L. Chapter 62C, Section 49A, I certify under penalties of perjury that I, to my
best belief and knowledge, have filed all State tax returns, and paid all State taxes required
under law.

X _____
Signature Social Security Number (required)

For Office Use Only:

Mass. Reg. Number _____
Issued _____ 20 _____
By _____

Mail To: Massachusetts Thoroughbred Program
Mass. Dept Food & Agriculture
Bureau of Animal Health
251 Causeway Street, Suite 500
Boston, MA 02114-2151

Telephone: 617-626-1792
Fax : 617-626-1850